

WASHINGTON YOUTH ACADEMY



Today's ChalleNGe...Tomorrow's Success

COMPLETE APPLICATION PACKET

Application for Class: ☐ January to June 201__
☐ July to December 201__

Washington Youth Academy
Admissions Department
1207 Carver Street
Bremerton, WA 98312
1-877-228-8947
<http://mil.wa.gov/WYA>

****NOTE: This application is to be filled out and all documents submitted using the Applicant's LEGAL name – as it appears on their birth certificate only. Use of nicknames or any names other than as it appears on the birth certificate will result in a delay of your application process.****



Washington Youth Academy Application

**ALL ITEMS ON CHECKLIST MUST BE COMPLETE AND TURNED IN BEFORE
YOU WILL BE CONSIDERED FOR ADMISSION!**

FILL OUT THE FOLLOWING FORMS FOR THE YOUTH APPLICATION SECTION		Page
WYA Form 1 – Mandatory Eligibility Criteria		2
WYA Form 2 – Applicant Background Information (2-page Document)		3, 4
WYA Form 3 – Contact Information		5
WYA Form 4 – Student Goals & School Counselor Information		6
WYA Form 5 – Authorization & Release for Background Check		7
SEND A COPY OF THE FOLLOWING ITEMS FOR THE YOUTH APPLICATION		SOURCE
Social Security Card – Signed if Applicant is over 18		SS Office
Proof of Legal US Residency (Passport, US Birth Certificate, Federally Recognized Tribal ID card, Valid Legal Immigration Card (I-551, I-571, I-688, I-688B, I-766), US Certificate of Naturalization (N-550), Certificate of US Citizenship (N-560) <i>Hospital Record of Birth is NOT sufficient</i>		Court/Licensing
Copy of US Government Issued Photo ID		Court/Licensing
High School Transcript(s) – current transcripts from the last school the applicant attended (including alternate, trade or other school). Transcript must include the cumulative GPA, total credits attempted and total credits earned.		FROM SCHOOL
High School Credit Evaluation – This should include the applicant sitting down with a school counselor and comparing credits required to graduate to credits earned by student. Every school has a different form for this. Include this form with your application.		FROM SCHOOL
Copy of Your IEP & 3 Year Eval or 504 Plan if you have one.		FROM SCHOOL
Copy of Juvenile Criminal History Record – Please go to the website listed below to obtain your student's Juvenile Criminal History through the Washington State Patrol WATCH. Carefully read and follow instructions on the website and order the \$10.00 Name and Date of Birth Criminal Background Check. Be sure to use applicant's LEGAL name as it appears on their birth certificate only. http://watch.wsp.wa.gov		FROM WEBSITE LISTED
FILL OUT THE FOLLOWING FORMS FOR MEDICAL APPLICATION SECTION		PAGE
WYA-MED-1 – Pre-participation Physical Evaluation – Medical History (3-page Document)		8, 9, 10
WYA-MED-2 – Pre-participation Medical Evaluation – Doctor & Dental Physical		11
WYA-MED-3 – Pre-participation Medical Evaluation – Doctor Clearance Letter for Mental & Physical Conditions		12, 13
WYA-MED-4 – Certificate of Immunization Status		15
WYA-MED-5 – Understanding of Limited Medical Services (2-page Document)		16, 17
WYA-MED-6 – Authorization to Release Medical Information		18
SEND IN COPIES OF THE FOLLOWING ITEMS FOR MEDICAL APPLICATION		SOURCE
Medical, Dental & Vision Insurance - Copy of the front AND back of current cards.		Parent
FILL OUT THE FOLLOWING FORMS FOR MENTOR APPLICATION SECTION		PAGE
WYA-Mentor 1 – Prospective Mentor Information		23
WYA-Mentor 2 – Mentoring Agreement – <i>Ensure applicant and guardian have signed this form!</i>		24
WYA-Mentor 3 – Mentor Training Commitment		25
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WYA-Mentor-5 – Mentor Liability Release		27
WYA-Mentor 6 – Mentor Reference-Personal		29
WYA-Mentor 7 – Mentor Reference-Professional		30
SEND IN THE FOLLOWING ITEMS FOR MENTOR APPLICATION		SOURCE
Copy of Mentor's Driver's License and Proof of Insurance		Mentor

KEEP THIS PAGE FOR YOUR RECORDS!!



Washington Youth Academy Application

WYA Form 1 - MANDATORY ELIGIBILITY CRITERIA



PURPOSE: This form lists the eligibility criteria that are **mandatory** to apply for and attend the Washington Youth Academy. This form must be signed by both the applicant and the parent/guardian.

**APPLICANTS NAME AS
IT APPEARS ON BIRTH
CERTIFICATE ONLY:**

Last

First

Middle

**Date of
Birth:**

/ /

☐ Yes

☐ No

Will you be 16-18 years old when the class starts? You cannot be 15 or 19 on day 1 of class at the Washington Youth Academy

☐ Yes

☐ No

Are you a US citizen or legal resident of the United States and a resident of Washington State?

☐ Yes

☐ No

Are you a high school drop out? Or at risk of dropping out? Or you have not received a high school diploma or certificate from an equivalent school/program?

1) no longer attend school, or

2) enrolled in school but have a history of poor attendance and will drop out in the near future or

3) are low on high school credits and currently will not graduate on time.

☐ Yes

☐ No

Have you been accused of committing a crime or are currently under indictment for a crime?

☐ Yes

☐ No

Have you been convicted of a crime and awaiting sentencing?

☐ Yes

☐ No

Are you currently on parole or probation?

☐ Yes

☐ No

Are you currently employed? If yes, please answer the following:

Number of hours/week _____ **Hourly Wage:** _____

☐ Yes

☐ No

Are you free from the use of illegal drugs and/or illegal substances? Applicants selected to attend the WYA must agree to voluntary drug testing. Applicants will be tested for illegal drugs on the first day of class and will be re-tested during the 22-week program. A failure of any drug test will result in separation from the program – **no exceptions**.

☐ Yes

☐ No

Are you physically and mentally capable of participating in the WYA? Reasonable accommodations will be made for identified disabilities. Accommodations will be arranged prior to in-processing.

☐ Yes

☐ No

Do you currently have an Individualized Education Plan (IEP) or 504 Plan? Students in special education or with IEPs or 504 Plan are welcome to apply for the Washington Youth Academy and historically have done well in programs nationwide. Included in the application must be a current IEP or 504 Plan and a statement affirming that **"the structured, disciplined environment, including small class size and staff student ratio will meet the student's needs without a special education teacher on staff."** In addition, the IEP or 504 evaluations, usually reviewed every 3 years, must be current and included in application. Neither the evaluations nor the plan should expire within the residential period the student is at the WYA. It is the applicant's responsibility to work with their home district to complete the updated IEP or 504 Plan and evaluation processes prior to the application being considered by the Washington Youth Academy.

SIGNATURES:

Youth Applicant signature

Date

Parent/Legal Guardian signature

Date

Youth PRINTED Last Name _____ Youth PRINTED First Name _____



Washington Youth Academy Application

WYA Form 2 - APPLICANT BACKGROUND INFORMATION



APPLICANT NAME AS IT APPEARS ON BIRTH CERTIFICATE: Last First Middle			Date of Birth: / /	
Social Security Number:			Male <input type="checkbox"/>	Female <input type="checkbox"/>
ADDRESS:			Home Phone:	
	Street		Cell Phone:	
			Message Phone:	
	City	County State Zip code	Email Address:	
Physical Description and Demographics:				
Height:	Weight:	Hair Color: <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Red		
		Eye Color: <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Blue <input type="checkbox"/> Green		
Physical Markings (scars, birthmarks, tattoos, piercings, etc):				
Ethnicity:	Race: <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (Not of Hispanic Origin)			
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Of more than one race or Multiracial <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Other			
What is the primary language spoken in your home?				
What is your family's annual income? <input type="checkbox"/> \$0 - \$15,000 <input type="checkbox"/> \$15,000 - \$25,000 <input type="checkbox"/> \$25,000 - \$35,000 <input type="checkbox"/> \$35,000 - \$45,000 <input type="checkbox"/> More than \$45,000				
Do you or any member of your household receive Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, type of assistance:	<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>	Free or reduced school lunch
	<input type="checkbox"/>	Cash Aid	<input type="checkbox"/>	Medical
	<input type="checkbox"/>	Other:		
Is one or both of your parents or legal guardians currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Youth Challenge History:				
Have you ever been a candidate in the WYA or any other Challenge Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, when and where? _____				
Why did you leave? <input type="checkbox"/> Own Request <input type="checkbox"/> Medical Reason				
<input type="checkbox"/> Positive Drug Test <input type="checkbox"/> Disciplinary Reasons				
<input type="checkbox"/> Other:				
Who do you live with? (Write in who you live with)→				
Are you:	<input type="checkbox"/> A Foster Child?	<input type="checkbox"/> Adopted	<input type="checkbox"/> Homeless	<input type="checkbox"/> N/A
Are you in the care, custody, and/or supervision of the State of Washington or a court in Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, are you a: <input type="checkbox"/> Ward of the State <input type="checkbox"/> Ward of the Court				
How many people in your household? (Write in how many people live in your house)→				
Are you Married? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have Children? <input type="checkbox"/> Yes: <input type="checkbox"/> No				
How Many?_____				



Washington Youth Academy Application

WYA Form 2 - APPLICANT BACKGROUND INFORMATION (continued)



Education:		
School Name:	District:	
Are you currently Enrolled in High School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, how long have you been a dropout?	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> More than 1 year
What grade are you currently in?	9 10 11 12	
Have you officially withdrawn from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been expelled or suspended from HIGH school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Date(s):	/ /	Why?
[use back if needed]	/ /	Why?
Are you home schooled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, by whom?		
Do you have any learning disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Do you have a:	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Other Certificate	
Are you a member of a gang or affiliated with a gang?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal History:		
Have you ever been involved in, questioned, arrested, or convicted for a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please provide detail (include completed Diversion or Probation or Restitution, use back if necessary):		
Date:	Crime:	Result:
Date:	Crime:	Result:
Are you currently involved in any legal proceeding?		
<input type="checkbox"/> Awaiting Trial	<input type="checkbox"/> Awaiting sentence	<input type="checkbox"/> On Probation/Diversion
<input type="checkbox"/> At-risk youth petition	<input type="checkbox"/> Truancy/BECCA BILL	
Risk Factors:		
Do you smoke or use any tobacco product?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WYA is tobacco-free. Will you be able to quit smoking/using tobacco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Have you ever abused alcohol or been intoxicated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever used illegal drugs or abused prescription drugs?	<input type="checkbox"/> Yes, Which ones?	<input type="checkbox"/> No
Have you ever been treated or hospitalized for drug use?	<input type="checkbox"/> Yes, Where/When?	<input type="checkbox"/> No
How did you or your family find out about the Washington Youth Academy:		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Website	<input type="checkbox"/> Picked up a Brochure
<input type="checkbox"/> Friend	<input type="checkbox"/> TV Station:	<input type="checkbox"/> Former Student(Name)
<input type="checkbox"/> Relative	<input type="checkbox"/> YMCA	<input type="checkbox"/> Presentation by WYA Representative. Where? _____
<input type="checkbox"/> Radio Station:	<input type="checkbox"/> High School Staff (name):	Phone or email: _____
Do you know anyone else applying for the same class?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who _____		

Your signature below ensures that all information provided is true and accurate to the best of your knowledge and you understand that any false or omitted information will be grounds for not being accepted or for dismissal.

Youth Applicant signature	Date
Parent/Legal Guardian signature	Date

Youth PRINTED Last Name _____ Youth PRINTED First Name _____



Washington Youth Academy Application

WYA Form 3 – CONTACT INFORMATION



PURPOSE: This form provides routine and emergency contact information about the applicant's parent(s) and/or legal guardian(s). Unless designated otherwise, contact will be made in the order listed; i.e. #1 Parent/Legal Guardian first, and then #2 Parents/Legal Guardian, and then the #3 designated Alternate if we can't reach the first two. This information will be secured and protected.

IF YOU ARE NOT LISTED ON THIS PAGE OR ELSEWHERE IN THE APPLICATION, WE WILL NOT BE ABLE TO GIVE YOU ANY INFORMATION DURING THE TIME YOUR CADET IS ENROLLED AT THE WASHINGTON YOUTH ACADEMY

1. Primary Parent / Legal Guardian		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Authorized to pick-up applicant at the school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name: _____	First Name: _____	Middle Name: _____
Address: _____		City: _____
State: _____	Zip code: _____	
Home Phone: _____	Cell Phone: _____	Work/Message Phone: _____
Email: _____		
Relationship to applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Other		
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent		
2. Primary Parent / Legal Guardian		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Authorized to pick-up applicant at the school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name: _____	First Name: _____	Middle Name: _____
Address: _____		City: _____
State: _____	Zip code: _____	
Home Phone: _____	Cell Phone: _____	Work/Message Phone: _____
Email: _____		
Relationship to applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Other		
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent		
3. Alternate Emergency Contact Individual		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Authorized to pick-up applicant at the school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name: _____	First Name: _____	Middle Name: _____
Address: _____		City: _____
State: _____	Zip code: _____	
Home Phone: _____	Cell Phone: _____	Work/Message Phone: _____
Email: _____		
Relationship to applicant: <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent <input type="checkbox"/> Other		
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Sibling		

Youth Applicant signature

Date

Parent/Legal Guardian signature

Date

Youth PRINTED Last Name _____ Youth PRINTED First Name _____



Washington Youth Academy Application

WYA Form 4 - STUDENT GOALS

THIS FORM IS A MANDATORY PART OF THE APPLICATION PROCESS



PURPOSE: In applying to the WYA, you're making a statement – a commitment about wanting to change your life and create a future for yourself. Success is unlikely if you're doing this for someone else or for the wrong reason(s). Please tell us what you hope to accomplish by attending the WYA? **Student Goals must be filled out by the youth.**

YOUTH APPLICANT NAME: _____

What do you hope to accomplish by attending the WYA?

- ☐ Opportunity to earn up to 8 certified high school credits and return to my high school or Junior College to complete High School
- ☐ Opportunity to enroll in a vocational training program ☐ Opportunity to earn a GED
- ☐ Personal sense of accomplishment, self-esteem, & self-discipline ☐ Opportunity to employment
- ☐ Opportunity to enlist in the military service ☐ Opportunity to enroll in college
- ☐ Other _____

Success in the Youth Challenge Program and the Washington Youth Academy requires a student to be committed, focused, and willing to work hard to achieve his/her stated goals. **This is a mandatory part of the application:** What are your goals—what do you want be doing—in the next year and a half?

#1 (6 months): _____

#2 (12 months): _____

#3 (18 months): _____

How will the WYA help you achieve these goals?

Types of jobs you would like to do or would like to explore:

SCHOOL & COUNSELOR INFORMATION – TAKE THIS TO YOUR HIGH SCHOOL COUNSELOR TO FILL OUT

Counselor Name: _____ School Phone Number: _____

Work Email Address: _____ School Fax Number: _____

Student's SSID (State Student ID #) _____

PLEASE ENSURE HIGH SCHOOL TRANSCRIPT AND CREDIT EVALUATION ARE ATTACHED TO THIS APPLICATION

Graduation Requirement:

In order to graduate from the WYA, each student must have a verifiable placement; i.e. returning to high school, continuing in another school, getting a job, joining the military, etc. This placement will be your goal and your responsibility and we will do everything we can to help you achieve it. Your signature below indicates you understand and accept the **requirement for placement as a condition of graduation.**

Youth Applicant signature

Date

Parent/Legal Guardian signature

Date

Youth PRINTED Last Name _____ Youth PRINTED First Name _____



Washington Youth Academy Application

WYA Form 5 – AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION



PURPOSE: In processing your application, there may be a need to confirm or clarify personal information you provide with an outside agency. This form authorizes us to contact those agencies and exchange information necessary to properly review and evaluate your application. This is also needed to run the youth applicant's criminal background check.

Student/applicant name: _____ Birth date: ____ / ____ / ____
County where student/applicant currently lives: _____
Other Washington counties student/applicant has lived: _____

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the State of Washington, its counties, its cities, and its agencies to submit and/or exchange all pertinent information with the Washington Youth Academy (WYA) regarding, but not limited to, the following: substance abuse history, referral history, court status, family or social services interventions, documented medical conditions, and any other information requested by the WYA relevant to the health, safety, welfare, and quality of life of the student/applicant named above.

I understand that these records are protected under the federal or state confidentiality laws or regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. WYA is in compliance with the most prominent of the federal protections for participant privacy including the Family Educational Rights and Privacy Act (FERPA), also known as the "Buckley Amendment." FERPA protects the confidentiality of student records to some extent, while giving students the right to review their own records.

I also understand that I may revoke this consent at any time except to the extent that action has been taken and that in any event this consent automatically expires thirty-six (36) months from the date my application is accepted and I am officially registered as a student in the WYA.

Signatures:

_____ Youth Applicant signature	_____ Date
_____ Parent/Legal Guardian signature	_____ Date

Youth PRINTED Last Name _____ Youth PRINTED First Name _____



Washington Youth Academy Application

WYA-MED-1—PREPARTICIPATION PHYSICAL EVALUATION—MEDICAL HISTORY



PURPOSE: This **MEDICAL HISTORY FORM** must be completed by parent or guardian, student AND Primary Care Physician in order for the student to participate in the Washington Youth Academy—a **22 Week residential program which utilizes a highly structured, quasi-military format**. Understandably, the student will need to be able to withstand the physical and emotional stressors during their transition into the WYA lifestyle. These questions are designed to determine if the student has developed any condition which would make it hazardous for them to participate in the WYA academic/athletic program.

Student Printed Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ Allergies _____ Current Medications _____

Personal Physician Name _____ Physician Phone _____

ALL "YES" ANSWERS MUST BE EXPLAINED IN DETAIL ON THE ATTACHED PAGE. Circle questions you don't know the answers to. Written clearance from a Physician, Physician Assistant, Chiropractor or Nurse Practitioner is required for all bolded questions answered with a "YES" before any participation in the Washington Youth Academy program.

YES NO

- 1 ☐ ☐ Have you had a medical illness or injury since your last check up or sports physical?
- 2 ☐ ☐ Have you been hospitalized overnight in the past year?
- 3 ☐ ☐ Have you ever had surgery other than a tonsillectomy?
- 4 ☐ ☐ Have you ever had joint surgery (knee, ankle, hip, elbow, wrist, shoulder, spine, neck)?
- 5 ☐ ☐ Have you ever had a medical problem, illness or injury in the past 5 years?
- 6 ☐ ☐ Have you ever passed out during exercise?
- 7 ☐ ☐ Have you ever gotten unexpectedly short of breath with exercise?
- 8 ☐ ☐ Do you get tired more quickly than your friends do during exercise?
- 9 ☐ ☐ Have you ever been dizzy during or after exercise?
- 10 ☐ ☐ Have you had high blood pressure or high cholesterol?
- 11 ☐ ☐ Have you ever had a racing of your heart or skipped heartbeats?
- 12 ☐ ☐ Have you ever been told by a doctor that you have a heart murmur?
- 13 ☐ ☐ Has any family member been diagnosed with enlarged heart, dilated cardiomyopathy, hypertrophic cardiomyopathy, longQT syndrome or other ion channelopathy (Brugada Syndrome, etc.), Marfan's Syndrome or abnormal heart rhythm?
- 14 ☐ ☐ Has any family member or relative died of heart problems or of sudden, unexpected death before age 50?
- 15 ☐ ☐ Have you ever had a severe bacterial/viral infection (ie: myocarditis or mononucleosis) within the last month?
- 16 ☐ ☐ Has a physician ever denied or restricted your participation in sports due to any heart problems?
- 17 ☐ ☐ Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?
- 18 ☐ ☐ Have you ever had a head injury or concussion?
- 19 ☐ ☐ Have you ever been knocked out, become unconscious or lost your memory?
How many times? _____
When was the last concussion? _____
How severe was each one? _____
- 20 ☐ ☐ Have you ever had a seizure?
- 21 ☐ ☐ Do you have frequent or severe headaches?
- 22 ☐ ☐ Have you ever had any problems with your eyes or vision?
- 23 ☐ ☐ Do you wear eyeglasses, contact lenses or other protective eye wear?
- 24 ☐ ☐ Have you had an eye exam within the last 12 months?
- 25 ☐ ☐ Are you missing any paired organs (kidney, lung, testicle)?

Youth PRINTED Last Name: _____ Youth PRINTED First Name: _____



Washington Youth Academy Application

WYA-MED-1—PREPARTICIPATION PHYSICAL EVALUATION—MEDICAL HISTORY



ALL "YES" ANSWERS MUST BE EXPLAINED IN DETAIL ON THE ATTACHED PAGE. Circle questions you don't know the answers to. Written clearance from a Physician, Physician Assistant, Chiropractor or Nurse Practitioner is required for all bolded questions answered with a "YES" before any participation in the Washington Youth Academy program.

YES NO

- 26 ☐ ☐ Are you currently taking any prescription or non-prescription (over the counter) medication or pills or using an inhaler?
- 27 ☐ ☐ Have you ever been diagnosed with asthma? Medications currently taken for it: _____
- 28 ☐ ☐ Do you have any allergies (ie: pollen, medicine, food, latex, insects)?
- 29 ☐ ☐ Do you have seasonal allergies that require medical treatment?
- 30 ☐ ☐ Are you diabetic or hypoglycemic?
- 31 ☐ ☐ Do you take insulin shots or medication for diabetes or hypoglycemia? If so, please indicate what type and how often:
Type: _____ How often: _____
- 32 ☐ ☐ Do you have any current skin problems (itching, rashes, acne, warts, fungus, blisters)?
- 33 ☐ ☐ Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
- 34 ☐ ☐ Have you ever had numbness or tingling in your arms, hands, legs or feet?
- 35 ☐ ☐ Have you ever had a stinger, burner or pinched nerve?
- 36 ☐ ☐ Have you ever used any special protective or corrective equipment or devices that aren't usually used for your sport or position (ie: knee brace, neck roll, foot orthotics, retainer on teeth, hearing aid)?
- 37 ☐ ☐ Have you ever had a sprain, strain or swelling after injury?
- 38 ☐ ☐ Have you broken or fractured any bones or dislocated any joints?
- 39 ☐ ☐ Have you had any other problem with pain or swelling in muscles, tendons, bones or joints?
- 40 ☐ ☐ Do you want to gain or lose weight?
- 41 ☐ ☐ Do you lose weight regularly to meet weight requirements for your sport?
- 42 ☐ ☐ Have you ever been treated for an eating disorder?
- 43 ☐ ☐ Do you have a history of bed wetting?
- 44 ☐ ☐ Have you had a dental exam in the last 12 months?
- 45 ☐ ☐ Do you wear any dental appliances such as braces, bridge, plate, denture or retainer?
- 46 ☐ ☐ Are you now or have you ever received counseling or treatment for ANY psychological or mental/emotional condition?
- 47 ☐ ☐ Have you ever been diagnosed or treated for anger management, anxiety, panic attacks or violent outbursts?
- 48 ☐ ☐ Have you ever threatened or attempted suicide?
- 49 ☐ ☐ Have you ever been diagnosed with a psychiatric or psychological disorder?

Females Only:

When was your first menstrual period? _____ When was your most recent period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

It is understood that even though precautions and safety measures are taken during our physical training program, the possibility of an accident still remains. Neither the Washington Youth Academy staff nor the school representative assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and hold harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of class cycle, any illness, injury or condition should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

Student Signature

Parent/Legal Guardian Signature

Date

Youth PRINTED Last Name: _____ Youth PRINTED First Name: _____



IF YOU ANSWERED “YES” TO ANY QUESTION ON THE PRECEEDING 2 PAGES, YOU MUST FULLY EXPLAIN WHY YOU MARKED “YES.”

Write the number of the question and an explanation on the lines provided below.

EXAMPLE: 49—I have ADHD and I am taking Adderall for it.

This image shows a full page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings present.



Washington Youth Academy Application

WYA-MED-2—PREPARTICIPATION PHYSICAL EVALUATION

*Physical Evaluation must be within a year of class start date.

*Dental Evaluation must be within 6 months of class start date.

*Both Physical and Dental Evaluations are REQUIRED.



PHYSICAL EVALUATION

Student Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ BMI _____

Immunizations Current? Y / N If not, why? _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL	NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL
	A. HEAD, FACE, NECK AND SCALP			O. PROSTATE (Over 40 or clinically indicated)	
	B. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)			P. TESTICULAR	
	C. DRUMS (Perforation)			Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
	D. NOSE			R. ENDOCRINE SYSTEM	
	E. SINUSES			S. G-U SYSTEM	
	F. MOUTH AND THROAT			T. UPPER EXTREMITIES (Strength, range of motion)	
	G. EYES - GENERAL (Visual acuity and refraction under items 28, 29, and 36)			U. FEET	
	H. OPHTHALMOSCOPIC			V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	I. PUPILS (Equality and reaction)			W. SPINE, OTHER MUSCULOSKELETAL	
	J. OCULAR MOTILITY (Associated parallel movements nystagmus)			X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	K. LUNGS AND CHEST			Y. SKIN, LYMPHATICS	
	L. HEART (Thrust, size, rhythm, sounds)			Z. NEUROLOGIC (Equilibrium tests under item 41)	
	M. VASCULAR SYSTEM (Varicosities, etc.)			AA. PSYCHIATRIC (Specify any personality deviation)	
	N. ABDOMEN AND VISCERA (Include hernia)			BB. BREASTS	
				CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary.)

Vision:

R 20/ _____ L 20/ _____ Corrected? Y / N Pupils: Equal / Unequal

☐ CLEARED FOR FULL PARTICIPATION—NO RESTRICTIONS

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not Cleared for: _____ Reason: _____

Physician Signature _____

Date of Evaluation _____

Physician Phone Number _____

Physician Physical Address _____

Physician Fax Number _____

Physician E-mail Address _____

DENTAL EVALUATION

(Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

RIGHT	<div><div><div>u</div><div>1 2 3</div><div>32 31 30</div><div>0</div></div><div>Restorable Teeth</div></div>				<div><div><div>l</div><div>1 2 3</div><div>32 31 30</div><div>l</div></div><div>Non- restorable Teeth</div></div>				<div><div><div>X</div><div>1 2 3</div><div>32 31 30</div><div>X</div></div><div>Missing Teeth</div></div>				<div><div><div>X X X</div><div>1 2 3</div><div>32 31 30</div><div>X X X</div></div><div>Replaced by Dentures</div></div>				<div><div><div>X</div><div>1 2 3</div><div>32 31 30</div><div>X</div></div><div>Fixed Partial Dentures</div></div>			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16				
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17				
LEFT																				

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Dentist Signature _____

Date of Evaluation _____

Dentist Phone Number _____

Youth PRINTED Last Name: _____ Youth PRINTED First Name: _____



Washington Youth Academy Application

WYA-MED-3—PREPARTICIPATION PHYSICAL EVALUATION—MEDICAL CLEARANCE



IMPORTANT PHYSICAL HEALTH CLEARANCE REQUIREMENTS **READ FULLY!**

If you answered "YES" to questions:

1-4, 12, 15, 17-18, 20, 27, 30-31

Additional clearance is required for your participation in the Washington Youth Academy, a 22-week residential, quasi-military program.

****GIVE THIS PAGE TO YOUR PRIMARY HEALTH CARE PROVIDER TO FILL OUT AND SIGN****

Student Full Name: _____

Provider Full Name: _____

Provider Phone: _____

Provider Email: _____

Provider Address: _____

Student Diagnosis/Condition:

Treatment Plan (to include all medication information and coping strategies):

TO BE FILLED OUT BY PRIMARY CARE DOCTOR ONLY

****CHECK APPLICABLE BOXES AND INITIAL APPLICABLE BLANKS****

For Physical Health Clearance—(Questions 1-4, 12, 15, 17-18, 20, 27 or 30-31):

☐ It is my professional opinion that there is no risk to the patient's health were they to participate in the Washington Youth Academy, a 22-week residential, quasi-military program. They will be able to participate in:

_____ Upper body workouts to include, but not limited to: push-ups, forward-leaning rest, overhead hand claps, pull-ups and any other upper body workout that may be required.

_____ Lower body workouts to include but not limited to: running, squats, lunges, jumping, climbing, walking and any other upper body workout that may be required.

☐ It is my professional opinion that this patient should NOT participate in this program.

_____ I understand that the Medical Department at the Washington Youth Academy may contact me for clarification of any above condition or clearance, should they need.

Provider Signature

Date

Youth PRINTED Last Name _____ Youth PRINTED First Name _____

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Washington Youth Academy Application

WYA-MED-3—PREPARTICIPATION PHYSICAL EVALUATION—MEDICAL CLEARANCE



IMPORTANT MENTAL HEALTH CLEARANCE REQUIREMENTS **READ FULLY!**

If you answered "YES" to questions:

46-49

Additional clearance is required for your participation in the Washington Youth Academy, a 22-week residential, quasi-military program.

****GIVE THIS PAGE TO YOUR MENTAL HEALTH CARE PROVIDER TO FILL OUT AND SIGN****

Student Full Name: _____

Provider Full Name: _____

Provider Phone: _____

Provider Email: _____

Provider Address: _____

Student Diagnosis/Condition:

Treatment Plan (to include all medication information and coping strategies):

TO BE FILLED OUT BY PRIMARY MENTAL HEALTH CARE PROFESSIONAL ONLY

****CHECK APPLICABLE BOXES AND INITIAL APPLICABLE BLANKS****

For Mental Health Clearance (Questions 46-49):

Were or are there any agencies or counseling services involved? (circle one) **YES NO**

If Yes: Agency/Counselor: _____ Phone: _____

☐ It is my professional opinion that there is no risk to the patient's mental health or to the safety of others should the patient participate in the Washington Youth Academy, a 22-week residential, quasi-military program.

☐ It is my professional opinion that this patient should NOT participate in this program.

_____ I understand that the Medical Department at the Washington Youth Academy may contact me for clarification of any above condition or clearance, should they need.

Provider Signature

Date

Youth PRINTED Last Name _____ Youth PRINTED First Name _____

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Washington Youth Academy Application

WYA-MED-4 CERTIFICATE OF IMMUNIZATION STATUS



Instructions for completing REQUIRED Certificate of Immunization Status (CIS) Form

1. Clearly print in the first box – Child's last name, first name, middle initial, birth date, sex.
2. Clearly print the full parent/guardian name in the box provided.
3. After completing steps 4 & 5, **sign and date** in the second box from the upper right corner, indicating that you certify the information you provided in the form is correct and can be verified by shot records or other health records.
4. Ensure a date is entered in the provided format for each vaccine box marked with a diamond (♦). Print the name of the vaccine in the column marked, "vaccine" and the corresponding date in the columns provided. Use the guide below if you are unable to provide a vaccine date for each number within a diamond-marked section. If the youth applicant does not meet the required vaccination criteria, ensure they get the required immunizations.
5. Include information for any recommended vaccines where indicated.

REQUIRED VACCINATIONS

DTaP/DTP/Td/DT

Must have **5 doses** of DTaP/DTP with the last dose **AFTER** 4th birthday.
4 doses of DTaP/DTP are acceptable if the last dose is **AFTER** the 4th birthday.

Tdap

1 dose of Tdap is required for students older than 11 years of age.

Hepatitis B

Must have **3 doses**

The series **CANNOT** be completed before **4 months** of age.

Polio

Must have **4 doses** if all doses are **BEFORE** 4th birthday.
3 doses are acceptable if the last dose is **AFTER** 4th birthday.

Measles, Mumps & Rubella (MMR)

Must have **2 doses** with the first dose **AFTER** 1st birthday and the
2nd dose **AFTER** 13 months of age.

RECOMMENDED VACCINES

Meningococcal (MCV)

Varicella (Chicken Pox)



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

Child's Last Name: First Name: Middle Initial: Birthdate (mm/dd/yyyy): Sex:

Parent/Guardian Name (please print):

Symbols below: ☐ Required for School and Child Care/Preschool
☐ Required for Child Care/Preschool Only

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4 ▶				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			
Office Use Only: Immunization information updated and verified with parent/guardian permission:				
Printed Staff Name	Date	Printed Staff Name	Date	
Printed Staff Name	Date	Printed Staff Name	Date	

Office Use Only:
Reviewed by: _____ Date: _____
Signed Cert. of Exemption on file? ☐ Yes ☐ No

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
Mark option 1, 2, 3, OR 4 below - see, back #5.

1) ☐ Chickenpox disease verified by printout from CHILD Profile Immunization Registry
Must be marked by printout (not by hand) to be valid.

2) ☐ Chickenpox disease verified by Health Care Provider (HCP)
If you choose this box, mark 2A OR 2B below.
2A) ☐ Signed note from HCP attached OR
2B) ☐ HCP signed here and print name below:

Licensed health care provider (HCP) Signature _____ Date _____
(MD, DO, ND, PA, ARNP)
HCP Printed Name: _____

3) ☐ Chickenpox disease verified by school staff from CHILD Profile Immunization Registry
If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)

4) ☐ Chickenpox disease verified by parent*
If you choose this box, fill in the date or child's age when he or she had the disease:
Age/Date of disease: _____
*Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

☐ Diphtheria ☐ Mumps ☐ Other: _____
☐ Hepatitis A ☐ Polio
☐ Hepatitis B ☐ Rubella
☐ Hib ☐ Tetanus
☐ Measles ☐ Varicella

Licensed health care provider (HCP) Signature _____ Date _____
(MD, DO, ND, PA, ARNP)
HCP Printed Name: _____



Washington Youth Academy Application

WYA-MED-5 UNDERSTANDING OF LIMITED MEDICAL SERVICES



PURPOSE: This form outlines the medical conditions that might prevent entrance or continued enrollment into the WYA and the policies and procedures that govern how medications and medical services are provided to the students..

APPLICANT/STUDENT NAME: _____ **BIRTH DATE:** _____

OVERVIEW:

The Washington Youth Academy is **NOT** a hospital, medical, dental or mental health clinic. We have a registered nurse on staff but not a medical director. For this reason, we are unable to accept applications from individuals who require ongoing medical or dental care for conditions that originated prior to arrival at the program or that develop after enrollment that prevents their full participation on a daily basis. Minor illnesses and injuries that arise during the program are handled on a "sick call" basis, much that that provided in a traditional school district. Students with more serious illnesses or injuries will be taken to a local clinic or hospital emergency room as appropriate. Please note that if the illness or injury is serious it could jeopardize the student's continued enrollment. **The WYA does not have staff available to transport students to ongoing medical, dental or vision appointments or provide "ongoing" treatment or care.** Students with medical issues that will impact their daily participation will be dismissed and sent home. Such students can reapply to a future class and compete for admission as long as they are in good standing in all other areas. Any periodic appointments for preventative medical, dental or vision care must be made when the student is at home during a scheduled break or "home pass". Appointments scheduled while home on scheduled breaks should not overlap with the student's scheduled time for return, as this will put the student at risk of not completing the required training and attendance for successful completion. **These policies and procedures are intended and designed to ensure the safety, health and welfare of the applicant and thither students and staff of the WYA.**

IT IS IMPERATIVE THAT STUDENTS ARE FORTHCOMING AND HONEST ABOUT ALL MEDICAL AND MENTAL HEALTH QUESTIONS. THE FOLLOWING CONDITIONS, WHETHER DISCLOSED OR NOT MAY PREVENT ENROLLMENT IN THE WYA:

- **Extensive** use of multiple medications necessary to treat multiple conditions on a daily basis.
- **Extensive** dietary restrictions medically required by a physician.
- Previous or current injuries/surgeries that prevent daily participation in all physical and mental WYA activities.
- Dental conditions or appliances that will require near-term or ongoing treatment or that will impact the student's ability to participate in daily activities.
- Conditions or medications that adversely react to have side effects impacted by rigorous physical activity or seasonal weather conditions that may compromise the health, safety or welfare of the student or his/her fellow students and staff.
- Historic or current conditions requiring medical, psychological or psychotic intervention for suicide prevention, manic depression, anxiety, etc. The WYA does not provide mental health care services.

IMPORTANT NOTE: Participants must provide full and accurate information concerning any and all medical and/or psychological conditions—as outlined above—at the time of application and report any and all changes to said conditions prior to the beginning of the program.

A complete physical exam by a licensed medical examiner must be completed no more than 180 days from the beginning of the program. After the beginning of the program, if an undisclosed condition is identified, the student will be dismissed from the program and returned home. The WYA cannot and will not assume any financial or personal liability or risk for participants that have previous medical, physical or mental health conditions or disorders that could or would be impacted by the rigorous nature of the program.



Washington Youth Academy Application

WYA-MED-5 UNDERSTANDING OF LIMITED MEDICAL SERVICES



POLICIES GOVERNING MEDICATIONS AND MEDICAL CARE

- All required prescription and non-prescription medications must be disclosed in advance during the application process.
- All potential side effects and limitations of required medications must be disclosed at time of application.
- A medical release (see medical forms provided by the program nurse) and approval to participate must be signed by a doctor and received by the Admissions Office before final acceptance can be issued.
- Parents/legal guardians are entirely responsible for all medical costs, including prescription medications and refills that may be incurred by the student while attending the WYA.
- Parents/legal guardians are responsible for all medical, dental, vision and psychological care before, during and after attending the WYA.

MEDICAL INSURANCE POLICY

- Initial _____ I understand that the Washington Youth Academy, Washington Military Department and State of Washington are NOT providing any medical insurance coverage for _____ (student's full name) to attend the Washington Youth Academy. Medical services provided by a billing medical or emergency service will NOT be paid by the Washington Youth Academy, Washington Military Department or State of Washington.
- Initial _____ I understand and agree that I am financially responsible for all medical services provided by a billing medical or emergency service provider which may include: medical services, medical testing, treatment/care, prescriptions, surgery, ambulance services or any form of emergency services.
- Initial _____ If insurance coverage is provided, I accept responsibility for billing for deductible amounts, co-insurance, non-covered services or services not paid as determined by the insurance carrier. I understand that if there is no insurance or the insurance terminates (coverage no longer exists) that I agree to pay for all bills associated to medical or emergency services. The provider's billing for uninsured services that I would be responsible to pay may include additional fees such as finance charge or other service-related charges.

Primary Guardian Date of Birth _____

Primary Guardian Employer _____

ACKNOWLEDGEMENT OF UNDERSTANDING

I understand and agree to be responsible for all medical, dental and mental health care of my youth during, before and after participation in the WYA. In the event that I cannot be contacted through reasonable efforts, I hereby empower and grant Washington Youth Academy staff permission to provide medical care and/or transport my son/daughter to a local medical clinic, urgent care center and/or medical institution for further medical evaluation. I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such are initiated. I further understand that, once my child reaches the age of majority, my consent for treatment is no longer required. I understand that I am entirely responsible for all medical costs, including prescription medication (WYA Form 24). By signing this, I acknowledge that I have read and understand this consent.

Printed Name of Parent/Legal Guardian

Signature

Date

Printed Name of Student/Applicant

Signature

Date



Washington Youth Academy Application

WYA-MED-6 AUTHORIZATION TO RELEASE MEDICAL INFORMATION

KEEP A COPY FOR YOUR RECORDS!!!



PURPOSE: Authorizes your doctor/health care provider to release the results of your physical examination and other medical information forms completed during the examination process. WYA is not a rehabilitation program, nor do we provide anything more than limited medical services comparable to that of a school medical

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that the released information may be subject to re-disclosure by the recipients only as required to process a claim for benefits and no longer be protected by federal privacy regulations.

PATIENT/STUDENT NAME: _____ **BIRTH DATE:** _____

Medical Provider:

The Washington Youth Academy, located at 1207 Carver St., Bremerton, WA is a division of the Washington Military Department and is authorized to receive and use the information in connection with my medical history, treatment and physical or mental health examination. I further authorize that a photocopy of this medical release may be used by the Washington Youth Academy to request and obtain medical information.

Specific description of information: complete medical record for all dates of service and all admissions including, but not limited to: history and physical exam; progress notes; office notes and letters; office chart; laboratory reports; diagnostic test reports including, but not limited to: MRI, CT scan, bone scan, x-ray reports or films, inpatient admissions and discharge reports; and physical therapy. This information may include medical services including: **Psychiatric Care, Alcohol and Drug Rehabilitation** and communicable diseases that may also affect my attendance in an intense residential program.

The purpose of use or disclosure of patient information is for my application and attendance in a residential education program. Patient information may be used or disclosed to determine, administer and/or coordinate a treatment plan and/or litigate a claim. Patient information may be re-disclosed to the parties, their agents and representatives; to the Washington Youth Academy and the Washington Military Department; independent medical examiners and/or care providers contracted by the Washington Youth Academy; patient's private insurance or health program coverage provided by the state of Washington; entities involved in any third party action arising out of providing medical care, the Attorney General's Office, County and/or District Courts, and any of my past or present health care providers.

- **I understand** that this authorization will expire upon the closure of my application and program attendance or one year from the date of signature, whichever is first.
- **I understand** that I may revoke this authorization at any time by notifying the providing organization in writing; however, such revocation will not affect any actions the provider took before it received the revocation. Any use or disclosure made prior to the revocation of this authorization will not be affected by a revocation.
- **I understand** that I may refuse to sign this form; however, the lack of appropriate medical information may affect the processing of my application or attendance in the program.
- **I understand** that I am entitled to receive a copy of this authorization

Printed Name of Parent/Legal Guardian

Signature

Date

Printed Name of Student/Applicant

Signature

Date

Youth PRINTED Last Name: _____ Youth PRINTED First Name: _____

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Washington Youth Academy Application



YOUTH APPLICANT – USE PAGES 19 AND 20 AS GUIDANCE WHEN FINDING YOUR MENTOR!

Dear Washington Youth Academy **Applicant and Parent(s)**,

The Washington Youth Academy is a 17 1/2-month program. The time spent living at the program site is called the residential phase. The 12 months after the cadet returns home is referred to as the post-residential or mentoring phase. During both of these phases the Cadet is required to be in contact with his/her Mentor weekly, beginning as soon as the two are officially matched. All Cadets must have a Mentor. No exceptions will be made. Your Mentor applicant(s):

1. Must be the same gender as the youth
2. Should be at least 25 years old
3. Must **NOT** be a member of the family (including parents, in-laws, significant others of parents, siblings, aunts, uncles, etc.), nor a current or past resident of the same address
4. Should live within a reasonable distance of where the youth will live during the **post-residential phase**. Reasonable distance is defined as the distance acceptable to both the Mentor and the youth
5. **Must not have a criminal history involving sex crimes. Mentor must also be free of felonies and crimes involving alcohol or substance abuse within the last seven years.**
6. Must have a desire to volunteer some of their time for the youth and the program.

Prior to acceptance you must recruit ONE DEPENDABLE ADULT ROLE MODEL - called a PRIMARY MENTOR - that meets the criteria listed above, and that can attend the four-hour Mentor Training. This training is available prior to the start of class at scheduled times. Your Primary Mentor Nominee should visit our website and print a Mentor Training Invitation during these months. It is your responsibility to keep your Primary Mentor Nominee informed about your acceptance status and to help him or her make it to training in time for the class you want to attend. **Primary Mentor Nominees must complete training on or before the first day of the class.** If these instructions are not followed, your application will be considered incomplete. The youth does not need to know the adult but should do the “asking” for their help. The “Finding A Mentor Brainstorm Worksheet” is provided on the next page for your use and has helped most youth find dependable Primary Mentor Nominee. We suggest the following as good sources for Primary Mentor Nominees:

1. Ask retired adults from your community.
2. Ask at local Churches for interested members.
3. Ask at local Civic Organizations (Lion's, Kiwanis, Rotary, Elk's, VFW, etc.).
4. Ask work associates, friends, or neighbors of immediate or extended family members.
5. Ask your community protectors such as firemen and police officers.
6. Ask National Guard members from your community.
7. Ask school teachers, counselors, coaches, ROTC leaders, military recruiters, and pastors.

If you have any questions regarding any of the Mentor Application forms, or the mentoring program, feel free to contact me.

Sincerely,

Assistant RPM Coordinator
1-877-228-8947 Option 2

Youth PRINTED Last Name _____ Youth PRINTED First Name _____



Washington Youth Academy Application

FINDING A MENTOR BRAINSTORM WORKSHEET



Use this worksheet to help you network. Don't concentrate on what a mentor is or needs to do. Just fill in as many names of people that you or someone else may know. These do not need to be people that anyone knows well. Use the back if necessary. Get as many people as you can to help you fill in more names. The object is to come up with as many names as you can. Once finished, use the list to contact people and ask for help either to find an adult interested in mentoring, or to consider it themselves. Discuss the names with your family and pick your top three to five choices for a mentor. Contact them or ask someone that knows them better to introduce you. Explain that you are applying for a military-style academy to further your education and you need an adult teammate to mentor you. If they have questions that you are not sure about, be sure to give them the application anyway, and point out the toll-free number they can call to find out more before deciding. Follow up with them in a few days. If they agree to sign up, be sure and thank them. If they decline, be sure and thank them for thinking about it, and politely ask if they may know someone else who might be interested.

Dad's Friends	Mom's Friends	Brother's Friends	Sister's Friends	Parents of Friends
Uncle's Friends	Aunt's Friends	Cousin's Friends	Past/Present Work Associates	Work Associates of Parents
Work Associates of other Family	Neighbors	Neighbors' friends and family	Family/Friends that attend a church	Church friends of those members
Pastors	Retired People anyone knows	Teachers or people they know	Local Business Owners/Workers	Cell Phone Directories
Holiday Card Lists	Email Addresses	Community Leaders	Others	



Washington Youth Academy Application

PRIMARY MENTOR NOMINEE VOLUNTEER – READ PAGES 21

& 22 AND COMPLETE PAGES 23-30. RETURN COMPLETED APPLICATION TO THE ADDRESS ON PAGE 28 OF THIS APPLICATION PACKET.

MISSION STATEMENT

The mission of the Washington Youth Academy is to provide a highly disciplined, safe, and professional learning environment that empowers at-risk youth to improve their educational level and employment potential and become responsible and productive citizens of the State of Washington.

BACKGROUND:

The Washington Youth Academy (WYA) is part of the National Guard Youth Challenge Program, authorized and funded by the Department of Defense and conducted by the National Guard. The Youth Challenge Program was established in 1993 and there are currently 34 programs in 29 states and Puerto Rico (some states have more than one program). The goal of the program is to give dropouts a second chance to complete their high school education. One of the most important things you need to know is that the program is **voluntary** and a student/dropout has to **apply and compete** for admission. The WYA is not like a regular high school and it is not easy. It is a 22-week residential program conducted in a quasi-military format that provides our principles, structure, and emphasis on discipline and personal responsibility. The student is a member of one of three 50 person training platoons, lives in a dormitory, wears a uniform, meets military grooming standards, observes military customs and courtesies, does lots of marching, and perhaps most importantly he/she is held accountable for their words and actions. The staff is caring, dedicated, trained, and committed to helping the student; they understand and appreciate the courage and commitment it took to make the decision to attend the WYA. They will do everything they can to help the student succeed; however, they will not cut the student any slack or go easy on them in terms of meeting our high standards. The staff uses a “**hands off**” approach that is tough and disciplined, yet caring and respectful, to instruct, train, and motivate the student. After graduating from the WYA, the student continues to work with an adult mentor in a positive relationship that supports the student in applying the positive values and new skills acquired during the 22-week residential phase. This post-graduation mentoring phase is a major factor in the overall success of the Youth Challenge Program and we devote a significant amount of staff time and attention to supporting the mentoring program. **NOTE: Each student is required to have a mentor to attend the WYA and we cannot complete processing their application without having an approved mentor. Mentors must complete their training on or before the first class day.**

WHAT IS MENTORING?

Mentoring is a positive one-on-one relationship between a youth and an adult that provides emotional support, advice, and guidance to help the younger person deal with the challenges of life. The goal is to help the young person gain the skills and confidence to deal with those situations and be able and responsible to make good choices in the future. Examples of challenges and situations where a mentor’s advice and guidance could be important, if not critical, include: making education and career choices; seeking, performing, and holding a job; managing personal finances; owning a home or renting an apartment; teen pregnancy and parenting skills; substance abuse; etc. Your role is not to replace a parent or guardian, but to provide additional information and perspectives that might not be available to the child.

WHAT’S EXPECTED OF YOU AS A MENTOR FOR A WYA STUDENT?

If you agree to be a mentor for a specific student, or want to be considered for a mentor position with a student/applicant, you’re making a commitment of time, attention, and some expense. We can’t quantify any of these, however, in terms of the potential impact you could have on a young person’s life the cost is negligible and the rewards are immense. As a mentor you can plan on the following:

- Submit an application providing all requested information.
- The WYA staff will review the application and references and coordinate the required background check.
- Complete a convenient ONLINE training course (10 – 15 minute blocks of instruction) and notify WYA staff.



Washington Youth Academy Application



- Attend one mandatory half-day training session (four hours) at the WYA in Bremerton WA. You'll be trained on the WYA specific requirements of the mentoring program. This training will be offered on scheduled dates posted on our website, usually from 8:30am to 12:30pm on a weekday and at a time to be announced on a weekend in December/ January and June/July.
- Maintain weekly contact with the student/mentee during the residential phase primarily via letter.
- Maintain an average 2 hours a month of personal contact with your student/mentee during scheduled home passes, mentor-specific visitations, and/or through attendance at graduation. (Certain exceptions may apply.)
- After graduation, maintain weekly contact with the student/mentee for the next 12 months, with a minimum of four (4) hours of face-to face contact each month. Once a month you'll submit a brief On-line report of the student/mentee's progress. **This is when the student/mentee needs you the most and your time investment is most critical to their continuing development and future success.**
- **IF YOU CANNOT MEET THESE EXPECTATIONS-PLEASE DO NOT APPLY.**

GOALS OF MENTORING A STUDENT/GRADUATE OF THE WYA:

1. Create a positive one-on-one relationship built on trust, honesty, and open communication.
2. Maintain regular/on-going contact with the student throughout the program to help them keep their focus on building, implementing, and attaining the goals they set for themselves while attending the Academy.
3. Help the student understand and embrace the positive qualities and traits of a responsible citizen and a successful student, employee, parent, etc.
4. Be a listener; earn the Cadet's trust; provide advice and guidance as the student makes decisions and deals with the inevitable issues and challenges of life.

MANDATORY ELIGIBILITY REQUIREMENTS TO BE A MENTOR:

- Should be a resident of Washington State.
- Should be at least 25 years old (some exceptions apply; former graduates must be at least 21 years old).
- Must be of the same gender/sex as the student/applicant.
- Must **NOT** be a member of the family (including parents, in-laws, significant others of parents, siblings, aunts, uncles, etc.), nor a current or past resident of the same address.
- Mentor must live within a reasonable distance to where the student/applicant will live during the post-residential phase (usually their hometown). This is to minimize travel.
- **Must not have a criminal history involving sex crimes. Must also be free of felonies and crimes involving alcohol or substance abuse within the last seven years.**
- Willing to MEET EXPECTATIONS OUTLINED ABOVE for up to 17½ months with four contacts per month, 4-hours personal contact each month during post-residential phase.

DISQUALIFYING FACTORS:

- A history of arrest or conviction for a sex offense.
- A felony conviction within the last seven years (case by case consideration beyond that).
- Any alcohol, drug, or substance abuse within the last seven years.
- A history of domestic violence (reports, charges, convictions).
- Failure to follow through on commitment on previous WYA or ChalleNGe mentorships.

SUBMITTING AN APPLICATION:

If you are interested in becoming a mentor and are able to commit to the youth and to the program, please complete the attached application forms. **Please note and understand that we must ask for personal and sensitive information in the application process.** This information will be used to conduct a criminal background check and a sexual offender registry check by law enforcement agencies. The application forms and the information therein will be kept confidential and will only be disclosed to law enforcement agency personnel.



Washington Youth Academy Application



WYA-MENTOR 1 – PROSPECTIVE MENTOR INFORMATION

NAME OF STUDENT YOU WOULD LIKE TO

MENTOR: _____

PROSPECTIVE MENTOR INFORMATION

MENTOR NAME:	Gender: M / F	Date of Birth: ____/____/____
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RACE: ☐ White (Not of Hispanic Origin) ☐ Black ☐ Pacific Islander
☐ American Indian/ Alaskan Native ☐ Asian ☐ Other/Multi-Racial
☐ Hispanic

Home Address:

Mailing Address:

Home Phone:

Street

Street

Cell Phone:

Home Email:

City, State Zip Code

City, State Zip Code

Work Email:

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed

How long have you been a resident of Washington State? _____ Years _____ Months

What other states have you lived in during the last ten years? _____

Are you related to this youth (i.e. Uncle, Aunt or Parents' Significant Other)? If Yes, how: _____

☐ YES

☐ NO

Are you an employee of Washington Youth Academy (WYA), or spouse of a WYA employee?

☐ YES

☐ NO

Do you speak more than one language: If Yes, what language(s): _____

☐ YES

☐ NO

EMPLOYER NAME: _____

Employer phone number: _____

Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

Job title: _____ **Dates of employment:** ____/____/____ **To** ____/____/____

Employment Status:

☐ Full Time

☐ Part-Time

☐ Temporary

☐ Volunteer

☐ Retired

☐ Unemployed

EDUCATION:

High School Graduate ☐ Yes ☐ No

GED ☐ Yes ☐ No

Year: _____

College/Univ. or Tech.: _____

Degree:

Associate Degree

Bachelors Degree

Masters Degree

Doctorate Degree

Years Attended: _____

(Circle One)

Other:
(Explain)

If this match is not successful would you consider mentoring another youth from your area?

☐ Yes

☐ No



Washington Youth Academy Application



If you have any questions or concerns about the WYA, please call our Mentoring Office at 1-877-228-8947

WYA-MENTOR 2 – MENTORING AGREEMENT

PURPOSE: This document must be signed in the presence of a legal guardian of the youth, the youth applicant, and the primary mentor applicant. This agreement provides the essence of why you and your youth will enter into this mentoring relationship. As a volunteer mentor prospect, you should know that your application and eventual training does not guarantee your youth will be accepted into the program, or will complete the program if they are accepted. Entering the mentor screening process through application and training will nonetheless send a very strong message to the youth that you care for their future and their success. Official mentoring will start from the “match” as designated by the academy only. If a student fails to complete the program, official mentoring will cease, but friendships cannot be mandated or managed. The parents/guardians, youth, and mentor nominee will decide in such circumstances the degree of the adult volunteer’s involvement.

The WYA Mentor and Youth Applicants agree to:

- ☐ Keep in touch through letter writing when the class begins and during the steps before being officially matched by the WYA RPM department. (These steps include mentor training, youth training, complete paperwork from both, adult background check, mentor screening, notification of approval, and a face-to-face meeting between both). We will not spend time alone unless the legal guardian approves or until officially matched by WYA.
- ☐ During the Residential Phase, have at least **one** off-site visit before the thirteenth week to officially begin our match (may be during the home pass around the 6th or 7th week).
- ☐ Commit to maintaining weekly contact through letter writing, phone, email, or any other form of communication permitted by the academy until finished with the 17 ½ month program.
- ☐ Spend time together in person at least four hours per month during the Post Residential Phase when and if the student returns to the hometown community.
- ☐ Work together in any revision of the Cadet’s Post Residential Goals.
- ☐ Notify each other in advance, if it is impossible to keep an appointment.
- ☐ Do our best to get to know, trust, respect, and communicate with each other.
- ☐ Allow the WYA staff to mediate if the match has to end early for any reason.
- ☐ Update the WYA staff monthly, at the end of our 17 ½-month agreement, decide our plans, and celebrate our time together.
- ☐ Understand that the mailing address and phone number of both the mentor and mentee will be shared by program staff in order to meet contact requirements.

We understand these terms of the Mentoring Agreement and will abide by them if officially matched by the Washington Youth Academy.

ChalleNGe Mentor Applicant PRINTED

ChalleNGe Mentor Applicant Signature and Date

ChalleNGe Youth Applicant PRINTED

ChalleNGe Youth Applicant Signature and Date

Youth Applicant’s Legal Guardian PRINTED

ChalleNGe Youth Applicant’s Legal Guardian Signature and Date

Youth PRINTED Last Name _____ Youth PRINTED First Name _____



Washington Youth Academy Application



WYA-MENTOR 3 – MENTOR TRAINING COMMITMENT

PURPOSE: Training is offered three to four times prior to each class here in Bremerton. It is also conducted in conjunction with mandatory Orientation for the youth and family. Please ensure the youth and family can reach you as soon as they are invited to one. Alternately, you may call our offices for available dates or visit www.mil.wa.gov/wya and download a training invitation from the "Mentor" section for dates of training. If you miss out on a scheduled training date, contact the Assistant RPM Coordinator at 1-877-228-8947 or email at MentorReport@mil.wa.gov. ***After reading this statement, please initial each line below acknowledging your training requirement.***

(Initial)_____ I am applying to become this WYA applicant's mentor to provide an additional listening ear, caring heart, and positive adult role model. I will do my best to set a good example and follow through with my commitment regardless of the youth's progress.

(Initial)_____ I am committing to this WYA applicant and will attend the four-hour Mentor Training. I understand that as a mentor applying in conjunction with a youth, I must reserve a training date and location with the mentoring office by phone or email (provided above) before the first day of the class. I realize that I must complete my training before the first day of the class.

(Initial)_____ I understand that my training requirement will prepare me for the Washington Youth Academy mentoring relationship and that in attending I am planting a seed of hope in the life of this youth.

(Initial)_____ I accept the possibility that the youth may not act as responsible as I would like in the beginning of our relationship, that my efforts may not be repaid by his or her gratitude during this time, and that if the youth quits at any time I am welcome but not obligated to continue in the mentoring program.

(Initial)_____ I have reviewed the ONLINE training requirement on the Washington Youth Academy website (www.mil.wa.gov/wya) and have either begun this training at my own leisure or will begin it within the next few weeks. I understand this is a pre-requisite to attending the mandatory ONSITE training in January or July and that all this must be completed prior to my prospective youth applicant beginning the class cycle.

(Initial)_____ I will contact the mentoring office at 1-877-228-8947 and RSVP for a training date.



Washington Youth Academy Application

WYA-MENTOR 5 –MENTOR LIABILITY RELEASE



PURPOSE: This form advises you that you are agreeing to hold the State of Washington/Washington Youth Academy harmless for injuries, damages and/or losses you incur as a result of volunteering to become a mentor and participating in mentoring activities. It also explains that as a mentor you are not considered an agent, employee or representative of the Washington Youth Academy and therefore not covered under any state/agency insurance or Labor and Industries disabilities coverage for any expenses, injuries damages, or losses you incur as the result of your participation as a mentor.

Volunteer Mentor Activities. I understand and agree that while volunteering as a mentor I will be engaging in school-based and community-based mentoring activities with my matched Youth Academy Cadet Mentee. I understand that these activities may include a variety of interactions between my mentee and myself to include; letter writing/email correspondence, telephone calls, and day visits on and off Washington Youth Academy (WYA) campus during the residential phase. These activities may have inherent risks such as physical activities, community service projects or recreational activities. I recognize that I must exercise care in supervising my mentee during the residential and post-residential phase of the mentoring relationship; including planning and selecting the type of activities we participate in during our visits together. Further, I understand that the goal of mentoring is to develop a positive adult/youth relationship. I agree that I am responsible for choosing and conducting all activities with my mentee, and I agree that such activities will be legal and focus on trust and relationship building, open communication, mentee social skill building, and other related activities will be conducted in the State of Washington during both the residential and Post Residential Activity Phase (P-RAP).

Volunteer Mentor Status. I also understand and agree I am not an agent, employee or representative of the State of Washington/ WYA in my capacity as a mentor, nor will I claim to be such a representative, officer or employee of the WYA. I will not make any claim of right, privilege or benefit that would accrue to such an employee. I do not expect to receive any monetary wages for services rendered during the mentoring period and understand as a volunteer I am not covered for any injury, damage or loss suffered while acting in the capacity as a mentor. I understand that if I use my private motor vehicle in the course of my volunteer mentor duties, it is my obligation to obtain and maintain state required liability insurance to cover any accidents involving my vehicle and to maintain the appropriate legally required vehicle operator's license. I further understand that it is my responsibility to obtain and maintain insurance policies for damage, loss or liability on all personally owned, leased or rented equipment I use while performing as a volunteer mentor. Washington Youth Academy, Washington Military Department and the State of Washington will not provide any liability or other insurance coverage.

Hold Harmless. The Mentor will hold harmless the Washington Youth Academy, Washington Military Department, State of Washington, and its employees while performing his/her mentoring activity, from any and all costs, claims, judgments, and/or awards of damages (both to persons and/or property), which may accrue to or be suffered by any person(s), or property, arising out of mentoring activities.

The Mentor agrees to and hereby does waive any and all claims for personal injury and damages or losses to property, including expenses or lost revenues, in connection with mentoring activities.

In case any claim, suit or action is brought against the Washington Youth Academy, Washington Military Department, State of Washington, and its employees, arising out of the mentoring activity, the mentor shall, upon notice of such claim, suit or action, defend the same at his/her sole expense and satisfy any judgment and/or award of damages.

This indemnification and waiver shall survive the termination of this release.

Mentor's Signature _____ Date _____

Printed Name: _____

IF NOT SIGNED, THIS APPLICATION WILL NOT BE ACCEPTED

Youth PRINTED Last Name _____ Youth PRINTED First Name _____



Washington Youth Academy Application



PURPOSE: The following two (2) forms are to be completed by the mentor's references. You need **one professional and one personal reference to complete the application.**

The following two pages may be removed and given to the references to fill out. References may be returned to you to be included with your mentor application or they may be filled out by your references and returned directly to the Washington Youth Academy by mailing them to our address at:

Washington Youth Academy
Mentoring Department
1207 Carver Street
Bremerton, WA 98312

Please take a moment to complete the following spaces on the next two forms and then ask a personal and a professional reference to complete them for you: Names of student, mentor applicant (that's you) and print your name in the first paragraph.



Washington Youth Academy Application

WYA-MENTOR 6 – MENTOR REFERENCE PROFESSIONAL



NAME OF THE STUDENT TO BE MENTORED: _____

NAME OF MENTOR APPLICANT: _____

NAME OF REFERENCE: _____

(Mentor _____ *is applying to be a mentor for a student attending the Washington*
Applicant) _____

Youth Academy. In processing this application, it's important that we have additional insight in his/her character, emotional stability, etc. Please answer these questions carefully and thoughtfully. Your answers will be kept in confidence. If you have any questions, call us at 1-877-228-8947

How long have you known the mentor applicant? _____ Years _____ Months

Title & Organization from where you know
mentor: (ie: Manager, Safeway) _____

As far as you know, does the mentor applicant have a good home environment? ☐ Yes ☐ No

Does the mentor applicant work well with others? ☐ Yes ☐ No

Being a mentor for a youth in the WYA requires approximately 4 hours a month for 17.5 months. ☐ Yes ☐ No

Do you feel this mentor applicant has time to make this type of commitment?

Do you feel this mentor has a tendency to over-commit or become involved in too many projects? ☐ Yes ☐ No

Please rate the mentor applicant in the following areas:

	Excellent	Good	Average	Poor	Unknown
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reachable (returns calls, emails, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the mentor applicant as a good choice to work with a teenager? ☐ Yes ☐ No

Would you want the applicant to mentor your child (or niece, nephew, etc.)? ☐ Yes ☐ No

SIGNATURE:

Reference's signature

Date

Telephone Number

**You can either return this form to mentor applicant or send it directly to the WYA Mentoring Office:
Washington Youth Academy Mentoring Office, 1207 Carver Street, Bremerton WA 98312**

Youth PRINTED Last Name _____ Youth PRINTED First Name _____

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Washington Youth Academy Application

WYA-MENTOR 7 – MENTOR REFERENCE PERSONAL



NAME OF THE STUDENT TO BE MENTORED: _____

NAME OF MENTOR APPLICANT: _____

NAME OF REFERENCE: _____

(Mentor) is applying to be a mentor for a student attending the Washington
Applicant)

Youth Academy. In processing this application, it's important that we have additional insight in his/her character, emotional stability, etc. Please answer these questions carefully and thoughtfully. Your answers will be kept in confidence. If you have any questions, call us at 1-877-228-8947.

How long have you known the mentor applicant? _____ Years _____ Months

What is your relationship to the applicant? _____

As far as you know, does the mentor applicant have a good home environment? ☐ Yes ☐ No

Does the mentor applicant work well with others? ☐ Yes ☐ No

Being a mentor for a youth in the WYA requires approximately 4 hours a month for 17.5 months. ☐ Yes ☐ No

Do you feel this mentor applicant has time to make this type of commitment?

Do you feel this mentor has a tendency to over-commit or become involved in too many projects? ☐ Yes ☐ No

Please rate the mentor applicant in the following areas:

	Excellent	Good	Average	Poor	Unknown
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reachable (returns calls, emails, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the mentor applicant as a good choice to work with a teenager? ☐ Yes ☐ No

Would you want the applicant to mentor your child (or niece, nephew, etc)? ☐ Yes ☐ No

SIGNATURE:

Reference's signature

Date

Telephone Number

You can either return this form to mentor applicant or send it directly to the WYA Mentoring Office:
Washington Youth Academy Mentoring Office, 1207 Carver Street, Bremerton WA 98312

Youth PRINTED Last Name _____ Youth PRINTED First Name _____

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